

## IMMUNIZATION HISTORY

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Indiana Code 20-34-4-2 requires that all students enrolled in school have a written statement of his/her immunizations on file. Please use this form or your doctor's form. **(MUST LIST MONTH, DAY, AND YEAR OF IMMUNIZATION):**

<u>Immunization:</u>	<u>Doses Due entering PreSchool and above:</u>	<u>Doses due entering Kindergarten and above:</u>	<u>Doses due entering 6<sup>th</sup> Grade and above:</u>	<u>Doses due entering 12<sup>th</sup> grade:</u>
<b>Hepatitis B:</b>	1 _____ 2 _____ 3 _____			
<b>DTaP (Diphtheria, Tetanus &amp; Pertussis):</b>	1 _____ 2 _____ 3 _____ 4 _____	5 _____		
<b>Polio:</b>	1 _____ 2 _____ 3 _____	4 _____		
<b>Varicella (Chicken Pox):</b>	1 _____	2 _____		
<b>MMR (Measles, Mumps, &amp; Rubella):</b>	1 _____	2 _____		
<b>Hepatitis A :</b>	1 _____ 2 _____			
<b>MCV4 (Meningococcal):</b>			1 _____	2 _____
<b>Tdap (Tetanus, Diphtheria &amp; Pertussis):</b>			1 _____	

Immunizations are Monday through Thursday, 9:00 AM to 4:00 PM at the Lake County Health Department. Call 219-755-3658 for additional information. **YOU MUST BRING AN IMMUNIZATION RECORD AND INSURANCE INFORMATION.**